

## Expenditure Transfer Request Form

Budget manager's name: \_\_\_\_\_

Date requested: \_\_\_\_\_

Person completing form: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

*In the space below, list the FOAPs and the total amount for each FOAP. Detail each transaction separately on page 2. Attach documentation, as needed. If more space is needed, you may attach multiple copies of this page to page 2.*

Charges transferring from:				Charges transferring to:				Amt.	Purpose*
Fund	Org.	Acct.	Prog.	Fund	Org.	Acct.	Prog.	Amt. to Transfer	Enter for each transfer line

*Provide a justification for the transfer in the space below:*

	<b>Total Transfer Requested</b>

*I certify that this request to transfer of expenditures is appropriate for the purpose stated and that the expenditure complies with all applicable rules, regulations, and funding restrictions.*

Fund manager's signature: _____	Date: _____
Chair/dean signature: _____	Date: _____
ORSP    Approved <input type="checkbox"/> Not approved <input type="checkbox"/>	Controller Approved <input type="checkbox"/> Not approved <input type="checkbox"/>
Signature: _____ Date: _____	Signature: _____ Date: _____

\*Allowable purposes may include: cost overruns, clerical errors, inappropriate charges, late/pre-award grant costs, interrelated grant agreements, and continuation awards for grants. Please refer to the ORSP Grants & Contracts Procedures Manual for more information on acceptable cost/expenditure transfers for external funds.

List each separate transaction included in the total on page one. Use subsequent pages as needed.  
 Attach supporting documentation including transactions from Banner

Original Fund				New Fund				Transaction No.	Transaction Date	Expenditure Description	CID	Total Charge	Amount to Transfer
(Transferring Charges From)				(Transferring Charges To)									
Fund	Org.	Acct.	Prg.	Fund	Org.	Acct.	Prg.						
201571	22514	772530	150	202571	22514	772530	200	IDTC84	8/2/2011	Video	88888888	85,650.00	78,125.78

Provide additional information below.